

# Annual Driver Certification 2021

Temple: \_\_\_\_\_

Noble: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify:

1. I offer my services to \_\_\_\_\_ temple as a volunteer driver for patients, parents and guardians of children who require transportation to and from a Shriners Hospital location and other related Shriners hospital transportation.

2. I am the holder of a valid driver's license, number \_\_\_\_\_, issued by the state or province of \_\_\_\_\_, which expires on \_\_\_\_\_.

3. I have motor vehicle liability insurance coverage in the amount of \_\_\_\_\_ with \_\_\_\_\_ Company, policy number \_\_\_\_\_.

4. I am in good health, possess good hearing and have corrected vision of at least 20/40. My last medical examination was \_\_\_\_\_ (date).

5. I have not been convicted on any motor vehicle violation for the past 12 months other than \_\_\_\_\_.

6. I have not been involved in any motor vehicle accident for the past 12 months other than \_\_\_\_\_.

7. I will obey the law and rules of the road; and I will use a safety harness when transporting children and will make certain that all adult occupants use safety harnesses and that children use safety devices required by law or appropriate to their physical condition.

8. If requested by the potentate, I am willing to participate in any temple sponsored defensive driver program for hospital vehicle drivers and any temple sponsored medical examination for hospital vehicle drivers.

9. I authorize the recorder of this temple to verify my driving record with appropriate state or province authorities and release all parties from action taken based on information learned from driver's record check.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_